## ARIZONA DEPARTMENT OF HEALTH SERVICES

STATE OF ARIZONA	CERTIFICATE NO121-
} ss County Of Maricopa	DOCKET NO. EMS 2603
	MENT OF HEALTH SERVICES has found, under the authority of A.R.S. §36-2232 et seq. and rices rules, that public necessity requires the operation of
•	N FIRE DISTRICT dba BLACK CANYON FIRE DEPARTMENT
as a ground ALS and BLS	S ambulance service in the State of Arizona for the transportation of individuals who ar
	pacitated or helpless within the following service area, with the following central operations station
1. Service area: The legal geo	ographical boundaries of Black Canyon Fire District. Same being com
referred to as the communi	ities of Black Canyon City, Rock Springs, and Bumble Bee. The Distr
begins at Interstate 17, exit	t 256 (commonly referred to as Badger Springs Road), south to the Ya
Maricopa County line. Als County line, heading south	so to include southbound Interstate 17 beginning at the Yavapai / Mar , and ending at exit 236 (commonly referred to as Table Mesa Road).
2. Central Operations Station	: Black Canyon City, Arizona (19381 East Mud Springs Road)
3. Response Times:	
a. Ten (10) minutes on eig	hty (80) percent of all ambulance calls.
	ninety-five (95) percent of all ambulance calls.
c. Thirty (30) minutes on o	one hundred (100) percent of all ambulance calls.
Now, therefore, by virtue of the and laws of the State of Arizona, does	the authority vested in the Arizona Department of Health Services, under the const is hereby grant this
-	AMENDED
C	ERTIFICATE OF NECESSITY
authorizing the operation of the afores	said ambulance service for a period ending March 6, 2005
unless for cause sooner amended, so Department.	suspended, revoked or terminated subject to the decisions and orders, and rules
unless for cause sooner amended, so Department.	
unless for cause sooner amended, so Department.  PROVIDED, that this certification	
unless for cause sooner amended, so Department.  PROVIDED, that this certification	cate shall not be assigned nor transferred unless authorized by the Arizona Depar
unless for cause sooner amended, so Department.  PROVIDED, that this certification	BY THE ORDER OF THE ARIZONA DEPARTMENT OF HEALTH SERVICE
unless for cause sooner amended, so Department.  PROVIDED, that this certification	BY THE ORDER OF THE ARIZONA DEPARTMENT OF HEALTH SERVICE WITNESS WHEREOF, I  CATHERINE R. EDEN the Director of the Arizona Department of Health Services, have hereunto s hand and caused the official seal of the Arizona Department of Health Service to be affixed at Phoenix, Arizona on
unless for cause sooner amended, so Department.  PROVIDED, that this certification	BY THE ORDER OF THE ARIZONA DEPARTMENT OF HEALTH SERVIC  WITNESS WHEREOF, I  CATHERINE R. EDEN  the Director of the Arizona Department of Health Services, have hereunto s hand and caused the official seal of the Arizona Department of Health Services.